

# CALIFORNIA FINANCING COORDINATING COMMITTEE (CFCC)

## COMMON FUNDING INQUIRY FORM

**Instructions:** An electronic copy of this form can be obtained at: [www.cfcc.ca.gov](http://www.cfcc.ca.gov)

Please provide the information below and e-mail the completed form to: [dcummings@ibank.ca.gov](mailto:dcummings@ibank.ca.gov)

If completing a hard copy of this form, attach responses where applicable and fax to James Young at (916) 319-7783.

Name of Applicant or Official System Name:

County:

Check the box that best describes the applicant's organization:

☐ Municipal entity

☐ Private entity, for profit

☐ Private entity, nonprofit

**Project OR problem description.** Describe the problem or the need for the project, the purpose of the project, the basic design features of the project and what the project will accomplish. (Attach documentation, if available)

\_\_\_\_\_

**Estimated Project Schedule.** Provide a timeline that illustrates the estimated start and completion dates for each major phase or milestone of project development, construction and/or acquisition (including, for example, feasibility study, land acquisition, preliminary engineering, environmental review, final design and construction commencement and completion).

\_\_\_\_\_

**Financing is needed for (check all that apply):**

☐ Feasibility Study

☐ Rate Study

☐ Engineering/Architectural

☐ Land Acquisition

☐ Project Construction and Administration

☐ Other, specify: \_\_\_\_\_

Estimated Total Project Costs \$

Estimated amount of funding requested \$

Multiple funding sources anticipated: ☐ Yes ☐ No

For water/sewer projects only:

System ID No.: \_\_\_\_\_

Service Area Population: \_\_\_\_\_

Number of Service Connections: \_\_\_\_\_

Estimated Median Household Income  
of service area: \$ \_\_\_\_\_

How did you hear about the California Financing Coordinating Committee?

\_\_\_\_\_

All correspondence regarding this inquiry will be sent to the individual named below. You will receive a written acknowledgement of the receipt of this inquiry form and be contacted by staff of the appropriate CFCC member agencies to pursue additional assistance.

Printed Name of Inquirer

Title

Mailing Address (street)

City/State

Zip code

( )

( )

Phone Number

FAX Number

e-mail

For CFCC Use Only:

Date of Referral to CFCC Member Agencies:

Date Responded to Applicant Inquiry: